

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152652		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - PAOLI DIALYSIS B. WING _____		(X3) DATE SURVEY COMPLETED 06/22/2012	
NAME OF PROVIDER OR SUPPLIER PAOLI DIALYSIS				STREET ADDRESS, CITY, STATE, ZIP CODE 555 WEST LONGEST STREET PAOLI, IN 47454			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>An Initial Life Safety Code Certification Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 416.44(b).</p> <p>Survey Date: 06/22/12</p> <p>Facility Number: 012749 Provider Number: 012749 AIM Number: NA</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Initial Life Safety Code survey, Paoli Dialysis was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies.</p> <p>This one story facility was determined to be of Type II (000) construction. The facility has a fire alarm system with smoke detection in all corridors and all rooms.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/25/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			K 000			
K 051	<p>416.44(b)(1) LIFE SAFETY CODE STANDARD</p> <p>A manual fire alarm system, not a pre-signal type, is provided to automatically warn the building</p>			K 051			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 051	<p>Continued From page 1</p> <p>occupants. Fire alarm system has initiation notification and control function. The fire alarm system is arranged to automatically transmit an alarm to summon the fire department. 20.3.4.1, 21.3.4.1</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure the documentation for the testing of 28 of 28 smoke detectors was complete. LSC 9.6 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 7-3.2 requires fire alarm system devices such as smoke detectors be tested annually. This deficient practice could affect all patients, as well as staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's annual fire alarm system inspection report in the Fire Life Safety Manual on 06/22/12 at 11:15 a.m. with the Facility Administrator present, the annual fire alarm system inspection report dated 06/22/12 only included a cover page with total number of smoke detectors tested and passed. There was no itemized list of all devices including, but not limited to location, type of smoke detector (photoelectric or ionization), visual test, functional test, and a pass or fail result. This was acknowledged by the Facility Administrator at the time of record review.</p>			K 051			